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Bib Data Sheet

SERIAL NUMBER 09/312,922	FILING DATE 05/17/1999 RULE	CLASS 375	GROUP ART UNIT 2613	ATTORNEY DOCKET NO. ICOM-00401
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/085,818 05/18/1998 *af*

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 06/09/1999

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NM	SHEETS DRAWING 14	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature				

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TITLE

SYSTEM FOR TRANSMITTING VIDEO IMAGES OVER A COMPUTER NETWORK TO A REMOTE RECEIVER

FILING FEE RECEIVED 631	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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SERIAL NUMBER 09/312,922	FILING DATE 05/17/99	CLASS 348	GROUP ART UNIT 2713	ATTORNEY DOCKET NO. ICOM-00401
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APPLICANT DR. VINCENT MICHAEL FIGUREDO, CEDAR CREST, NM; KENDYL A. ROMAN, CUPERTINO, CA; R. PAUL RAPOSO, SAN FRANCISCO, CA; RICHARD SCOTT NEALE, SUNNYVALE, CA; CYRUS JAVAD HOOMANI, SAN JOSE, CA; THOMAS JOSEPH BROADBENT, SUNNYVALE, CA.

CONTINUING DOMESTIC DATA***

VERIFIED PROVISIONAL APPLICATION NO. 60/085,818 05/18/98

371 (NAT'L STAGE) DATA***

VERIFIED

FOREIGN APPLICATIONS***

VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 06/09/99 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NM	SHEETS DRAWING 14	TOTAL CLAIMS 31	INDEPENDENT CLAIMS 5
Verified and Acknowledged Examiner's Initials _____ Initials _____					

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TITLE SYSTEM FOR TRANSMITTING VIDEO IMAGES OVER A COMPUTER NETWORK TO A REMOTE RECEIVER

FILING FEE RECEIVED \$622	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
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